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CONFIRMATION NO. 8708

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| SERIAL NUMBER 10/717,736 | FILING OR 371(c) DATE 11/20/2003 RULE | CLASS 702 | GROUP ART UNIT 2863 | ATTORNEY DOCKET NO. BO1 - 0019US |
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APPLICANTS

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** CONTINUING DATA *SL*** FOREIGN APPLICATIONS *SL*

| | | | |
|---------------------------------|--|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | |
| Verified and Acknowledged | Examiner's Signature <i>SL</i> Initials | | |
| STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| IL | 4 | 23 | 2 |

ADDRESS

60483

TITLE

Component health assessment for reconfigurable control

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| FILING FEE RECEIVED 824 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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